|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Resource Management\*** | | | | | | | | | | | | | | | | | | | | | | |
| Size of your company | Total number of employees | | | | |  | | | | Number of women employees | | | | | | | | | | | |  |
| Number of branch offices (please specify the locations)? | | | | | | | | | |  | | | | | | | | | | | | |
| How many hours a week do you work? | | | | | |  | | | | | | | | | | | | | | | | |
| How much of your time per week do you spend doing the following (%): |  | | | Sales / Customer Service | | | | | | | |  | | | Marketing | | | | | | | |
|  | | | Accounting / Finance | | | | | | | |  | | | Operations | | | | | | | |
|  | | | Human Resource Management | | | | | | | |  | | | Planning, Strategy Development. | | | | | | | |
| How much of your time per week do you feel you **should** spend doing the following (%): |  | | | Sales / Customer Service | | | | | | | |  | | | Marketing | | | | | | | |
|  | | | Accounting / Finance | | | | | | | |  | | | Operations | | | | | | | |
|  | | | Human Resource Management | | | | | | | |  | | | Planning, Strategy Development. | | | | | | | |
| Which tasks do you feel comfortable delegating to others (consulting agency) |  | Sales / Customer Service | | | | | | |  | | | Human Resource Management | | | | | | | | | | |
|  | Accounting / Finance | | | | | | |  | | | Operations | | | | | | | | | | |
|  | Marketing | | | | | | |  | | | Planning, Strategy Development. | | | | | | | | | | |
| Do your employees receive evaluations on a scheduled basis? | | | | | | | | | | | |  | | Yes | | |  | | | No | | |
| Do your employees receive compensation adjustments on a scheduled basis? | | | | | | | | | | | |  | | Yes | | |  | | | No | | |
| Select the materials your business has. | | |  | | Organizational Chart | | | |  | | | Job descriptions for all positions | | | | | | | | | | |
| How many employees are allocated by function? | | | **FUNCTION** | | | | | | | | | **NUMBER OF EMPLOYEES** | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | |
| Have you ever hired contractors for temporary or project work? | | | | | | | | | | | |  | | Yes | | |  | | | No | | |
| If yes, do you have a standard contractor agreement in place? | | | | | | | | | | | |  | | Yes | | |  | | | No | | |
| Have you ever hired temporary staff for temporary or project work? | | | | | | | | | | | |  | | Yes | | |  | | | No | | |
| If yes, please describe the method used to select a staffing partner: (350 words). | | |  | | | | | | | | | | | | | | | | | | | |
| What is the allocated time (percentage) set aside for capacity building during the year? | | | | | | |  | | | | Less than 10% | | | | |  | | More than 30% | | | | |
|  | | | | We don’t have time for that | | | | | | | | | | | |
| How often do you conduct personal appraisals? | | | | | | |  | | | | Monthly | | | | |  | | Quarterly | | | | |
|  | | | | Annually | | | | |  | | Never | | | | |
| Who has management responsibility? | | | Operations Management | | | | |  | | | | | | | | | | | | | | |
| Production | | | | |  | | | | | | | | | | | | | | |
| Marketing | | | | |  | | | | | | | | | | | | | | |
| Planning & Tracking | | | | |  | | | | | | | | | | | | | | |
| Subcontracting | | | | |  | | | | | | | | | | | | | | |
| Bookkeeping / Financial Reports | | | | |  | | | | | | | | | | | | | | |
| Customer Satisfaction | | | | |  | | | | | | | | | | | | | | |
| Legal | | | | |  | | | | | | | | | | | | | | |
| Human Resources | | | | |  | | | | | | | | | | | | | | |
| Sales | | | | |  | | | | | | | | | | | | | | |
| What opportunities do your employees have for the following? | | |  | | Authority to make changes | | | | | | | |  | | Allocating Resources | | | | | | | |
|  | | Decision Making | | | | | | | |  | | Planning | | | | | | | |
|  | | Recognition | | | | | | | |  | | Bonus Plan | | | | | | | |
|  | | Other (please specify) | | | | | | | |  | | | | | | | | | |
| Do you have an employee handbook? | | | | | | | | | | | | |  | | Yes | | | |  | | No | |
| If yes, please does it contain the following? Please select, whenever applicable. | | |  | | Missing Statement | | | | | | |  | Conditions of Employment | | | | | | | | | |
|  | | Work Schedules | | | | | | |  | Performance Standards | | | | | | | | | |
|  | | Compensation | | | | | | |  | Termination Conditions | | | | | | | | | |
|  | | Dress Code | | | | | | |  | Sample Evaluation Form | | | | | | | | | |
|  | | Benefits | | | | | | |  | Contact Information | | | | | | | | | |
|  | | Annual Leave Policy | | | | | | |  | Maternity / Sick Leave Policy | | | | | | | | | |
|  | | Drug Policy | | | | | | |  | Corruption Policy | | | | | | | | | |